## Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

### IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

359002		
Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a ce	autification form for each	SAC through which it provides Lifeling service)
(An Engine Telecommunications Carrier (ETC) must provide a ce	entification form for each	SAC inrough which it provides Lifetine service).
Iowa	Laurens	Municipal Broadband
State	ETC Name	Communications Utility
DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Con	npany Name name, list "N/A" Do not leave blank)
Does the reporting company have affiliated ETCs?	Yes 🔲	No X
Provide a list of all ETCs that are affiliated with the reporting ETC, determined in accordance with Section 3(2) of the Communications to owns or controls, is owned or controlled by, or is under common own C.F.R. § 76.1200.	Act. That Section defines	"affiliate" as "a person that (directly or indirectly)
Affiliated ETC's SAC	Affiliated ETC's Na	ame
For purposes of this filing, an officer is an occupant formation, or other similar legal document. An officer is laws (or partnership agreement), and would typically be promptroller, treasurer, or a comparable position. If the file	a person who occup resident, vice preside	oies a position specified in the corporate by- ent for operations, vice president for finance,
Section 1: Initial Certification All ETCs must complete t	his section	
I certify that the company listed above has certification pro	ocedures in place to:	
A) Review income and program-based eligibility documenthat, to the best of my knowledge, the company was income and/or program-based eligibility prior to his or an eligibility prior	s presented with doo	cumentation of each consumer's household
<ul> <li>B) Confirm consumer eligibility by relying upon access Lifeline administrator prior to enrolling a consumer in t</li> </ul>		
I am an officer of the company named above. I am authorabove.	orized to make this	certification for the Study Area Code listed
Initial <u>C.C.</u>		

1

#### Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	E = (A - B - C - D)
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
1 1	0	0	0	1 1

#### Recertification Results:

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
11	10	1	2	3

ĸ	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
0	0

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block F

#### Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial

#### AND/OR

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

(List database or name of administrator here)

Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial

OR

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Tr. # / # Tr			
Initial			

#### Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

M = (F+K)	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
11	3	30

#### Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid?	Yes	No X
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If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
Total Subscribers	

#### Signature Block

By signing	below,	I certif	fy that th	e company	listed	above i	s in	con	npliance	with	all fe	deral	Lifeline	certi	ficatio	r
procedures	. I am	an offi	cer of th	e company	name	d above	. I	am	authori	zed t	o mak	e this	certific	ation	for th	16
Study Area	Code (	SAC) I	isted abo	ve.												

Signed,

Signature of Officer

chade @ laurens-ia. com

Email Address of Officer

Chad Cleveland
Person Completing This Certification Form

Printed Name and Title of Officer

January 28, 2016

Date

712-841-4610

Contact Phone Number

# Affiliated ETCs

	CITO
Name	SAC